

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Ricky James Hamby	COURT CASE NUMBER 05 CV Civ. No. 626-JJF						
DEFENDANT Diane Hernandez	TYPE OF PROCESS O/C						
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Nurse Diane Hernandez First Correctional Medical-CMS						
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 6861 N. Oracle Rd. Tucson AZ. 85704 Head Nurse Diane Hernandez 1301 E. 12th St. 19809 or/CMS						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
Ricky J. Hamby SBE #191377 P.O. Box 9561 Wilmington Delaware 19809	<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>4 OF 7</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Number of process to be served with this Form - 285	1	Number of parties to be served in this case	4 OF 7	Check for service on U.S.A.	<input checked="" type="checkbox"/>
Number of process to be served with this Form - 285	1						
Number of parties to be served in this case	4 OF 7						
Check for service on U.S.A.	<input checked="" type="checkbox"/>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold**Forma Pauperis**

Signature of Attorney or other Originator requesting service on behalf of: Ricky James Hamby	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 3-14-06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Sgt. P.B. Cropper	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above) 1301 E. 12th St. Wilm. DE 19809	<table border="1"> <tr> <td>Date of Service 4/14/06</td> <td>Time 12:53 pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy [Signature]</td> </tr> </table>	Date of Service 4/14/06	Time 12:53 pm	Signature of U.S. Marshal or Deputy [Signature]	
Date of Service 4/14/06	Time 12:53 pm				
Signature of U.S. Marshal or Deputy [Signature]					

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2006 APR 17 AM 8:58
FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE